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the

CHILD

*** Monthly Bulletin ***



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CHILD CONVALESCING FROM RHEUMATIC FEVER

U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

JANUARY 1942



THE CHILD

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CONTENTS

	Page
A MESSAGE FROM THE CHIEF OF THE CHILDREN'S BUREAU.....	149
CHILD WELFARE—SOCIAL SERVICES—CHILD GUIDANCE:	
Children and Defense.....	150
A Community Program of Day Care for Children of Mothers Employed in Defense Industries, <i>by E. O. Lundberg</i>	152
Defense Pressure Focuses Attention on Child Problems, <i>by Ruth Aleshire</i>	162
Book Notes.....	163
BIRTH—GROWTH—CHILD HEALTH:	
The Virginia Program for Children With Rheumatic Fever, <i>by Louise F. Galvin, M. D.</i>	164
Children and the National Nutrition Program, <i>by Marjorie M. Heseltine</i>	168
Book Notes.....	171
CHILD LABOR—YOUTH EMPLOYMENT—VOCATIONAL OPPORTUNITIES:	
The I. L. O. Looks Forward.....	172
Book Notes.....	172
EVENTS OF CURRENT INTEREST:	
Conference Calendar.....	173

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A Message From the Chief of the Children's Bureau

WITH UNSWERVING purpose and unbroken unity, our Nation is now engaged in a mighty effort to defend the persons, the homes, and the liberties of its citizens, and to uphold the cause of freedom everywhere.

Although our task is world-wide, the objectives of the free nations of the world center in the homes of their citizens. It is in the home, above all, that children grow into free, responsible, and effective individuals. Defense of our homes and our children is the heart of our struggle. For their safety, our home-defense organization is responsible.

We must be ever alert to the hidden as well as the obvious dangers which may jeopardize the safety, the health, the emotional stability, and the social effectiveness of our children. Fear, anxiety, insecurity are likely to be far more serious than bombs, and the responsibility for their prevention lies chiefly in the hands of parents and other adults who come in daily contact with children. Their first defense task is to achieve such inner strength and self-control as to impart security and confidence to the children who depend on them for guidance and example.

Beyond this, community services for safeguarding health, home life, education, and general well-being are necessary and must receive sufficient support in money and personnel to afford vital protection. Hard-won standards for keeping children from harmful toil must be maintained, housing shortages in defense communities must be overcome, breadwinners must have ready access to employment opportunity, for the sake both of their families and of the productive capacity of the Nation; health supervision, medical care, schooling, recreational opportunity, must be generally available.

Children suffering from special handicaps must be cared for adequately and given protection.

All these tasks must be carried on under conditions requiring unprecedented concentration of human and material resources on military objectives.

They therefore require maximum coordination of organized programs and utilization of both professional and volunteer effort. Every State and local defense council must make sure that means are provided for full consideration of the needs of children and for coordinated action necessary to secure their safety and well-being. State and local, public and private, services for children must be studied, developed to a high level of efficiency, and geared into general plans which, to the fullest extent possible, will cover total need.

Through the Children's Bureau in cooperation with the Office of Civilian Defense, the Office of Defense Health and Welfare Services, and many other agencies, the Federal Government is laying foundations for the protection of children in the event of air raids, for the day care of children of working mothers, for the training of volunteers in child care, and for other activities relating to children. We shall find increasingly how much we need everywhere available those services which are necessary for a healthy, well-prepared, happy childhood.

"Our Concern Every Child" must be our watchword. As our President has said:

All Americans want this country to be a place where children can live in safety and grow in understanding of the part that they are going to play in the future of our American Nation.

If anywhere in the country any child lacks opportunity for home life, for health protection, for education, for moral or spiritual development, the strength of the Nation and its ability to cherish and advance the principles of democracy are thereby weakened.

• **CHILD WELFARE** •

• **SOCIAL SERVICES** •

• **CHILD GUIDANCE** •

Children and Defense

The Office of Civilian Defense, on December 10, released a statement which includes the following advice to parents in connection with the war situation:

Your children know there is a war. They will keep cool if you do. You will keep up their morale best if you keep family life going along as usual. Try not to talk too much about the war, or listen to too much war news, especially at meal times.

The best thing for children is to have real and useful things to do that will make them feel that they, too, are serving. They can help the Red Cross by knitting afghan squares, caps, and sweaters. They can sew their own name tags into their clothing.

They can get busy collecting paper, scrap iron, tin foil, and other needed waste materials. They can turn out unnecessary lights to save the electricity. You would be wise to give each child some small special duty at home.

This will give the child a real feeling of responsibility. Let the child make beds, wash dishes, sweep, dust, prepare vegetables for cooking, cook lunch, or carry on some other practical job and do it regularly. Then help the child to feel that this is an important contribution to defense.

The most important thing of all is to make your children self-sufficient. They should as

early as possible be able to feed themselves, dress themselves, know their names and addresses and how to get home. **ABOVE ALL, KEEP THE CHILDREN BUSY AT REAL THINGS THAT THEY FEEL ARE IMPORTANT.** This, more than anything else, will keep them free from fear and panic.

* * * *

The Child Welfare League of America, on December 12, sent the following message to its members in reply to questions about war-time needs of children. These suggestions were offered for guidance pending definite instructions from State or Federal defense authorities and pending a meeting of the Board of Directors of the Child Welfare League of America:

1. Remember that unplanned or even necessary evacuation may cause serious hardship for children and families. Stand by for advice from the Office of Civilian Defense. This office is making plans for the protection of children in cooperation with the Children's Bureau and the Office of Defense Health and Welfare Services. If evacuation is to be undertaken, planning is essential. Whether or not evacuation is decided upon, the protection of the health, welfare, and safety of children should be given continuing and concentrated attention. It may be a long war and all that we do must be planned with this in mind.

2. Foster parents should consider themselves as fully responsible for the care and safety of the children now living with them in the same way as if they were their own children, and this responsibility should be maintained throughout the emergency or until discharge is arranged for ordinary reasons. This is no time in which to increase the insecurity of children. Should directed evacuation become necessary, the family situation would be considered in the same light as other family situations.

3. Supervision of foster homes should continue under present auspices. Children and foster parents need it more than before—another reason for staying where we are. If

foster parents do move, children should go with them and supervision should be transferred, except in cases in which the place to which the foster parents are going is unsafe for children.

4. Evacuation of institutions for children should never be undertaken except in accordance with plans developed by the civilian-defense authorities.

5. Take all possible precautions where you are and try to improve the health and training of children under your care. Help children to acquire the courage of our pioneer ancestors who fled to but not from their homes. Children will take their cues from the attitudes of their parents or foster parents.

CHICAGO, ILL., December 9, 1941.

MISS KATHARINE F. LENROOT, *Chief, Children's Bureau,*
U. S. Department of Labor, Washington, D. C.

The following statement just issued by our President, Herman Dunlap Smith: "With our country now engaged in war it is the duty, the responsibility, and the privilege of every individual and every organization to stand in readiness to serve in whatever way possible the needs of the Nation. The Illinois Children's Home and Aid Society will adapt its policies and program to meet those needs as becomes necessary in the months which lie ahead. Children bear the promise of a better world. Our task now as never before is to defend and protect them to the end that that promise shall be fulfilled."

M. K. RECKORD, *General Director,*
Illinois Children's Home and Aid Society.

A Community Program of Day Care for Children of Mothers Employed in Defense Areas

By EMMA O. LUNDBERG

Director of Special Projects, U. S. Children's Bureau

THE IMPORTANCE OF CONCERN FOR CHILDREN AS PART OF NATIONAL DEFENSE

We recognize the extreme importance of national defense and the necessity of maintaining the democratic way of life which makes successful defense imperative. Toward this end we believe that every effort should be made to safeguard home life, to strengthen family relationships, and to give parents a direct opportunity to participate in community planning.¹

Today the war emergency is making increasingly clear the urgency of measures for safeguarding the health, education, and social welfare of all children and is focusing attention on conditions which undermine family life. Defense of children demands action which will make available to all children physical and social protection, health conservation, educational opportunities, and other essentials of sound development and high morale.

In many communities in all parts of the country defense activities of various kinds have intensified the need for protection of children. Concentration of population in certain areas has resulted in overcrowding, inadequate housing, lack of necessary facilities for education and recreation, and hazards to the health of children. In all defense areas extraordinary measures must be taken to protect children from the inevitable consequences of disruption of normal home life and to insure proper sanitation, medical care, and recreational and educational facilities. Nursery education, as well as schooling for older children, should be avail-

able in all communities. Provision for developmental training of preschool children is needed especially when families live under abnormal conditions such as exist in many defense areas. Social services to families and to individual children are particularly necessary in these areas. Parent education should be promoted in order that home life may be made more secure.

EMPLOYMENT OF MOTHERS OF YOUNG CHILDREN

The needs of children for community services are intensified when large numbers of mothers are employed outside the home. With the entrance of the United States into the war there will be very rapid acceleration of the rising trend of employment of women. It is essential that full consideration be given to the children whose mothers may seek to enter gainful employment, and that community programs be developed to assure children whose mothers enter industry a full measure of protection and care.

The Children's Bureau Conference on Day Care of Children of Working Mothers emphasized the importance of due consideration of the welfare of mothers and children at every point in the development of employment policies relating to national defense, and stated that "mothers who remain at home to provide care for children are performing an essential patriotic service in the defense program."

WHAT IS THE COMMUNITY'S RESPONSIBILITY?

The community has concern for the welfare of all its children. When a special need arises,

¹ From the recommendations adopted by the Children's Bureau Conference on Day Care of Children of Working Mothers, July 31-August 1, 1941.

such as the present emergency, it is the responsibility of the community to take such steps as may be needed to safeguard family life and to protect children from dangers which may threaten them. Provision of adequate day care for children of working mothers is a definite need in many areas.

Facilities to meet normal requirements are available in some cities, and to some extent in many others, but expansion and coordination of the various forms of day care are needed. Defense industries have been established in many areas in which day-care services for children have not heretofore been required, and provision must be made for dealing with problems of child care which arise from the new conditions.

Communities in which women are employed in defense activities should take immediate steps to plan a comprehensive and unified program of day care which will insure adequate care and protection for children of working mothers.

The long-range needs of the community must be given careful consideration in planning for emergency programs. Of first importance is adherence to standards of care that are essential to the safety and welfare of the children. Facilities required for the emergency should not be so permanent in structure that they cannot be changed or discontinued when the temporary need is over.

In the past decade there has been increasing application of the principle of public aid to dependent children in their own homes and other measures for the conservation of home life, especially since the Social Security Act went into effect. Nevertheless, in many areas the amount of assistance given to families eligible for public assistance is so small that many mothers are forced to seek employment instead of depending upon inadequate grants. In connection with the provision of day care as a substitute for care of children in their own homes, it may be well to question the wisdom of the community which evades its responsibility for conserving home life and at the same time provides substitute care which may be much more expensive than proper assistance to the home.

The need for proper provision for day care of children is not confined to families for whom the community would have to provide all or part of the cost of the care. Mothers whose earnings are sufficient to pay the entire cost of substitute care for their children, and whose work is essential in defense activities, are often unable to find facilities for such care. In some communities this need has already become acute. A community plan should take into account all families which may require advice or assistance in arranging for proper care of their children.

HOW SHOULD A COMMUNITY PLAN BE DEVELOPED?

Leadership in developing a community plan for day care should be taken by some organization which represents community-wide interests. Initiative in planning might be taken by the local defense council, a council of social agencies, the local department of public welfare, the department of education, or some other local agency or group.

The first step may be a conference to consider the need for a community program of day care for children, including representatives of various interests such as the following:

- Defense council.
- Council of social agencies or similar federation (child and family-welfare and group-work departments).
- Department of public welfare.
- Department of education.
- Department of health and other agencies concerned with health.
- Recreational agencies, public and private.
- Employment service.
- Family-welfare agencies.
- Children's agencies.
- Day nurseries and nursery schools.
- Work Projects Administration family-life education centers.
- Representatives of church groups.
- Representative of labor organizations.
- Representative of employed mothers.
- Representative of industry.
- Representative of organizations of teachers of young children and of parent-teacher associations.
- Representative of civilian-defense volunteer groups.

A continuing committee entrusted with responsibility for developing the program should be small, so as to permit effective discussion and action. Members of this committee should be selected from public and private agencies directly concerned with child care, child welfare, health, education and related services, and other interested groups.

The probable need for day-care services in the community and the extent to which existing facilities meet the need must be determined. Many communities will require the services of a full-time executive to direct the studies of community needs and give leadership in developing a coordinated community program in which all agencies in a position to take part will participate.

DETERMINING THE PROBABLE NEED FOR DAY CARE IN THE COMMUNITY

Rapidly expanding defense industries and shifting conditions make it impossible to obtain an accurate picture of the provision which will have to be made, but in many communities there is ample evidence of specific needs which demand immediate action. Initial study of the situation must be followed by continuing inquiry. The program cannot be static.

The survey of the probable extent of need for day care might cover a county, a city, or a section of a city, or any other area indicated by the spread of defense employment or by the places of residence of workers. An initial study might cover a sample area in an industrial district.

The following sources of factual information and opinions concerning the number of children needing care are suggested:

- State and local defense councils.
- Personnel officers of industrial plants.
- Public employment service.
- Superintendent of schools and school principals.
- Council of social agencies.
- Public and private family and child-welfare agencies.
- Day nurseries, nursery schools, and Work Projects Administration family-life education centers.
- Health agencies.
- Housing authorities and others having information regarding housing.

- Labor organizations.
- Community leaders.

The information sought should include:

- Nature of new defense industries and of contemplated industries.
- Expansion of existing industries.
- Policies of industrial plants with respect to employment of women.
- Number of women now employed and probable number to be employed.
- Such specific data as may be available in regard to mothers of young children employed in defense industries or in related occupations.
- Instances of need for provision of day care, obtained from various agencies and individuals with first-hand knowledge of the situation.

STUDY OF EXISTING RESOURCES FOR DAY CARE

If the community already has some facilities for day care of children, the agency or committee planning a community program should ascertain what provision is being made for the various forms of day care and the practicability of expanding existing services. If the city is large enough to make this desirable, a map should be made showing the location of defense industries which expect to employ women and the location of day nurseries, nursery schools, or other facilities for day care of children.

The inquiry concerning needs and existing resources should cover the following information and such other facts as may appear to the committee to be essential in order to know how far the needs may be met by expansion of facilities and what additional equipment must be provided:

1. Day nurseries, nursery schools, play schools, and Work Projects Administration family-life education centers—for each such organization obtain the following information and indicate the quality of the service:

- (a) Name, location, governing board, or auspices under which conducted.
- (b) Director; designation or duties of each employee.
- (c) Number of children now provided for: children under 6 years; children of school age (age limit).
- (d) How many of the children now cared for have mothers who are employed in defense industries or in occupations related to defense?

(e) Could the present facilities provide for additional children; how many?

(f) Could the present facilities be expanded? If so, how could this be done, and how many additional children could be provided for?

(g) Hours during which the children are cared for; do these hours make it possible for mothers employed in defense industries to utilize the care offered? Would it be practicable to extend the hours so as to care for children of mothers so employed?

(h) Standards of care, including appraisal of plant, number and qualifications of staff, daily plan of care, health supervision, educational methods, social services.

2. Provision for day care in foster-family homes—What agency finds these homes and supervises them? How many children are now receiving this kind of day care? What is the quality of the care provided? Could this facility be expanded?

3. Provision for supervised homemaker service—Under what auspices is it conducted? What standards of work are maintained? How extensive is this service? Could it be expanded to meet new needs?

4. Provision by schools for directed activities for school children after school hours—Describe.

5. Provision by settlements or other neighborhood centers or other recreational agencies for after-school activities—Describe.

6. Estimated total number of children for whom day care could be provided through (a) the full use of existing facilities or (b) expansion or adaptation of present facilities—Specify the type of expansion or readjustment on which the estimate is based.

7. Are the existing facilities so located that use by mothers employed in defense industries would be practicable?

PLANNING A SOUND COMMUNITY PROGRAM OF DAY CARE FOR CHILDREN

After the community-wide study of probable needs and existing resources plans should be made for organizing a program of day-care services which will provide the facilities needed at all times and which will also meet increasing needs arising from defense activities.

Existing facilities should be utilized to the fullest extent. Standards necessary for the proper care of children should be maintained. Coordination of facilities is essential for the sake of economy of money and effort. The primary objective of the program should be to make the necessary services available to *all* children who require care because of the mother's employment away from home, and

to provide for each family group or for each child the particular kind of services needed.

A day-care program for children of working mothers must make provision for children of school age as well as for those of preschool age. Care and supervision must be available during the entire time of the mother's absence from the home, unless some other responsible adult is in the home during any part of this time. If industrial plants operate on two or three shifts, mothers of young children who need care outside the home should be employed only on a day shift so that their children may be cared for without undue cost to the community and without extra hazards to the health of the mothers and children. Facilities for day care of children should be readily accessible to the place of the mother's residence or near her work, preferably the former.

Community planning for day care should approach the problem from the point of view of the child as a member of a family group whose integrity must be maintained and whose rights and obligations must be safeguarded. The physical, emotional, and developmental needs of the individual child cannot be ignored without harm to child and community.

The standards of service for children in a defense area should be similar to those of established services of recognized value, and emergency services should be planned with the perspective of sustaining, developing, and improving standards of child care throughout and beyond the emergency period. The defense program should provide an opportunity for community participation in sound planning that will be of permanent value.

Emphasis should be placed upon the importance of selecting personnel, whether paid or volunteer, with the best possible qualifications of training and experience for work with children.

WHAT TYPES OF SERVICE SHOULD BE CONSIDERED IN DEVELOPING A DAY-CARE PROGRAM?

Community plans for the care and protection of children of working mothers should include as many types of day care as are required to meet the needs of children of all ages and

should be integrated with the whole community program for public and private family assistance, social services to children, health protection, education, and recreation.

Types of service which should be considered include:

1. Counseling or advisory service to mothers concerning problems related to day care.
2. Day-care centers.
3. Out-of-school programs for children of school age.
4. Foster-family day care.
5. Supervised homemaker service.

It must be determined, first, on the basis of studies of the situation in the community, how far the emergency needs can be met by existing agencies within their present capacity for service; second, what services can be expanded or readjusted to meet the new demand; third, what new types of service it will be necessary to develop.

A community program cannot be developed and cannot conform to changing needs without active guidance by a designated agency or committee. The responsible organization should provide a central place where information may be obtained in regard to care available in the community. In many communities, especially where the problem is acute and widespread, it may be necessary to employ an executive secretary with responsibility for coordinating services of agencies already operating and establishing additional services wherever indicated.

FINANCING THE DAY-CARE PROGRAM

A community program for day care cannot be effective unless there is a plan for sound financial support which will insure services of the kind needed, maintaining standards of health, education, and social service in accordance with the best practice. Planning cannot lead to constructive action unless means can be made available for adequate financing from public or private sources.

Day nurseries and other facilities for day care of children have been supported mainly by private organizations, through community chests or otherwise, part of the cost being paid

by parents of the children under care. In communities where the needs are greatly increased by the defense emergency existing day-care centers may not be able to finance additional work through their own funds or through allotments by community chests already heavily taxed to help maintain established health and welfare services. If day-care programs are to be established which will meet the needs of defense communities, it will be necessary for public funds to provide some part of the cost.

The cost of adequate care in a day-care center must be determined as part of the plan. Consideration should be given to the availability of free food supplies through surplus commodities and to the use of volunteer service supplementing paid service. The rising cost of living must be taken into account in planning the budget.

The cost of day care in foster-family homes will be influenced by the prevailing rates paid for foster-family care in the community. The cost of supervised homemaker service will also depend upon the wages paid for trained service of this kind.

The feasibility of requiring parents to pay any of the cost of day care, and the amounts they should pay, should be determined by the central planning committee or the agency responsible for providing day care. Regardless of the source or the amount of payment by parents for day care, the program must be so administered that there can be no differentiation among the children on the basis of the financial arrangements made for their care, and no identification of children receiving free or part-paid care.

Facilities such as public-school education, certain health services, and opportunities for various forms of recreation are commonly furnished without charge by the community for all who wish to avail themselves of these services. Provision for nursery education should be accepted increasingly as a responsibility of the public-school system, as well as extended use of school facilities and services for all children who may derive benefit from after-school activities. For children whose mothers cannot be in the home during the day such public serv-

ices, available without charge, are especially important.

COUNSELING SERVICE

Mothers who are working or who are considering employment should have someone to whom they can go for advice and help in planning for the care of their children. Not all situations which present themselves will be solved by the simple expedient of placing the children in a nursery center or under some other type of care available in the community. The mother must be helped to think through her problem and to make plans that will safeguard the health and welfare of her children. The entire family group and their mode of living must be considered. The community has a stake in the plans from a production as well as from a social and financial point of view.

Individual counseling service should be provided as a vital part of the case-work service which should be available to parents who need help in planning for the care of their children and those who need continued guidance and assistance in order that the welfare of their children may be assured. Such service might be provided by the central day-care office or by individual day-care centers. The decision as to the method to be used in a particular community or section of a community should be made after careful study of the best means of making the service available to parents. Social workers with case-work training and experience should be employed for this service.

DAY-CARE SERVICES²

General Considerations

Three forms of service—social welfare, health, and education—enter into all day care, whatever the type of care may be. The service given must have as its focal point the family home. The individual child cannot be given the guidance and care he needs unless there is under-

standing of the conditions under which he has lived and the home to which he returns at night. The child's parents should participate in making the plans for care and should remain in partnership with the agency providing care. This is the special responsibility of social service.

The child's health—mental as well as physical—must be considered in determining the kind of care he is to receive, and while he is under care his health must be protected. Whether the child is of nursery school or kindergarten age or of school age, the educational process which guides his development is an important part of his care. Recreation is related to the health, education, and social-service functions of day care. A program of parent-education is essential in order that there may be continuity in policies regarding the management of the child and understanding of his needs and his development from day to day.

Where day care has been established as one of the child-welfare resources of the community in ordinary times, the provision made for emergency needs should be integrated with this program and should utilize these facilities as far as possible.

The Day-Care Center

In most communities the major part of the care made available for young children whose mothers are employed in defense industries will be provided by day-care centers equipped for all-day care.

The day-care center should include the recognized features of a good day nursery, incorporating the methods and equipment of a nursery school. During the past few years day nurseries have increasingly come within this definition by adopting nursery-education methods, and recently many nursery schools have readjusted their programs so as to provide the full-day service of a day-care center.

Group care in a day-care center is particularly adapted to the needs of children 2 to 5 years of age, inclusive, the "preschool age." If the center cares for school children outside of school hours separate provision should be made for these older children.

²Following the Conference on Day Care of Children of Working Mothers, held under the auspices of the Children's Bureau, July 31-August 1, 1941, a Committee on Standards and Services for Day Care was appointed. This committee is preparing a report on standards of the various forms of care.

When a defense industry operates on two or three shifts, an effort should be made to secure arrangements whereby mothers of young children are employed during hours when they can reasonably expect to obtain care for their children. This is essential for the protection of the health of the children and of the mothers, and in order that proper care may be provided by day centers.

Before undertaking the planning of day-care facilities, there should be careful study of the regulations governing these services and the standards set up by State and local government authorities. The day-care center should conform to State and local building regulations, sanitation and fire laws, and standards governing floor space and air space. It should be licensed by the appropriate State or local department responsible for supervising this type of institution.

The staff of the day-care center, whether paid or volunteer, should be selected because they have the necessary qualifications for the work they are to do. Those who are to perform work relating to social service, health supervision, developmental training, or recreational activities should be equipped for these services by professional training and experience in work with children.

Many forms of service can be given by volunteers. If volunteers give service relating to nursery education or recreational activities they should be qualified for this work by training or experience or should be directly under the supervision of professional staff.

The day-care center should carry on various forms of parent education. The social-service and nursery-education functions of the day-care center provide a natural basis for such relationship between the center and the parents of children receiving care.

Although the functions of nursery schools operating under a half-day plan are comparatively limited with respect to furnishing the care required for children whose mothers are employed long hours in defense industries, they play an important part in the varied programs of child care needed in defense areas. Working mothers who are employed only part of

the day and families in which a responsible adult in the home can care for the child outside of nursery-school hours while the mother is at work can obtain the day-care services they require in a nursery school instead of in a day-care center. The counseling service of the community plan should take into account the needs in each situation.

Facilities for After-School Care

Care and supervision of children of working mothers should be available not only for children of preschool age, but for children of all ages. When a mother who is employed or is contemplating employment comes to the attention of the counseling service attached to the central office of the day-care community program, or when application is received by a day nursery or other agency, it should be the responsibility of this office or agency to assure itself that all children of the family will have proper care and supervision during the mother's absence from home.

Children of different age groups require varying types of provision for after-school care. Day nurseries or other day-care centers frequently look after children from 6 to 10 or 12 years of age, during the time when school is not in session. If they have proper space and equipment to give these older children an opportunity for wholesome activities without undue disturbance of the program for preschool children such care should be made available, especially when it seems desirable that all children of one family should be cared for in one place. When a neighborhood house or other center of this kind is located near a day-care center which cares for young children, a very desirable plan may be worked out for the after-school activities of the older children. Schools, churches, clubs, and recreation centers have an opportunity to perform a constructive service in making facilities available to children of school age.

The major responsibility for safeguarding children of school age falls naturally to the public and private schools of the community. Schools located in neighborhoods where considerable numbers of working mothers live

should be equipped for after-school activities of various kinds which will appeal to children of grade-school ages, and to older groups of boys and girls.

For after-school programs schools should be equipped for both indoor and outdoor activities, which should be available to the children during the hours of the mother's absence from home.

Facilities provided by schools must necessarily be available to all children who wish to make use of them, but special attention should be given to assuring the attendance of children whose mothers are not in the home. The wider use of school facilities will serve a very useful purpose in the community, other than that directly related to supervision of children of working mothers.

The success of the venture will depend upon the quality of the staff under whose guidance the children work and play. A sufficiently large professional staff should be employed to direct activities for which they have special training and experience. Volunteers can be used in a variety of activities; they should be given special training for specific services. Unless volunteers have had professional experience they should be used as assistants to the paid staff and not as substitutes in positions requiring professional skills.

Whether after-school programs are provided by the schools themselves or by a day-care center or another organization, the important thing is that somebody should be responsible for seeing that the children of employed mothers are getting the individual attention required. An after-school program for these children means much more than merely providing for recreation or other types of activities. If schools undertake this function the necessary provision must be made for the physical care of the children, with special attention given to the needs of young children during all of the hours of the mother's absence from home. Social service and parent education must be an integral part of an after-school program for children of working mothers.

Day Care of Children in Foster-Family Homes

The Conference on Day Care of Children of Working Mothers held under the auspices of the Children's Bureau of the United States Department of Labor included the following statement in its recommendations: "Infants should be given individual care, preferably in their own homes and by their own mothers." When it is necessary to provide care for children under 2 years of age away from their own homes, the most suitable form of care is placement for day care in a foster-family home. Health hazards involved are such, however, that care away from the child's own home should not be resorted to without special safeguards.

Foster-family day care is desirable for children 2 years of age and over who will do better under individual care than as members of a group. This form of care may be useful when the family lives at some distance from a day-care center. Several children of various ages in one family may be cared for together in a foster-family home which serves as a substitute for their own home during the mother's absence.

When possible, arrangements should be made to have preschool children in the care of foster families attend a nursery school just as their older brothers and sisters will attend school.

Foster-family day care as yet has been developed extensively by social agencies in only a small number of communities, but indications are that it will be used increasingly as a community resource for the care of children of working mothers. In the absence of provision by recognized agencies, many working mothers will doubtless continue to make their own arrangements for this type of care. Community plans for day care of children should include provision for assisting these mothers to find suitable foster-family homes. So far as possible, however, resources for day care in foster-family homes should be developed by established social agencies in the community, thus providing needed case-work service and safeguarding the health of the children.

Homes caring for children on a day basis that are not under the supervision of an authorized agency should be subject to annual licensing and to supervision by the appropriate State or local department. Standards recognized by child-placing agencies as essential to home-finding and to supervision of foster-family care should be applied to day-time care in foster-family homes. When facilities for day care in foster-family homes are developed by child-welfare agencies these standards should be assured.

The selection and supervision of foster-family homes require special skill. The situation with respect to independent placements is difficult, but much can be done through counseling service provided by the central office of the community day-care program or by child-welfare agencies in helping mothers who come to them for advice. Such advisory service should be available to families considering day care of their children by foster families.

Supervised Homemaker Service

Supervised homemaker service has been developed in a number of cities to provide services when the mother is absent from the home or when she is in the home but because of illness or for some other reason is unable to give proper care to her children. This service is provided by family-welfare or child-welfare agencies and is made available to families with low incomes who need service in order to keep the home intact while it lacks a mother's care. Homemakers are carefully selected and trained for the service which they are to give, and work under the direction of the agency which also provides case-work service needed by the family.

By this plan the children have the continuity of care and the security which their own home can afford and their usual living habits are maintained.

Homemaker service can make a significant contribution to a day-care program. When a child is sick and unable to go to a day-care center, foster home, or school, care in his own home should be made available, as otherwise the mother would have to leave her work.

This service is expensive and would probably have to be developed mainly on a self-sustaining basis. Development of homemaker service should be considered particularly as a method of meeting the needs of professional or business women and others with a sufficient salary to afford adequate service.

The use of supervised homemaker service may be indicated in some situations where the family can pay only part of the cost of the service, and it may be useful in meeting some types of emergencies. Plans may well be made to send preschool children to a nursery school for part of each day.

Training of the "homemakers" must be supplied by an experienced agency which also supervises their activities. Facilities for training for this service should be developed in communities in which it can be carried on successfully.

STATE AND FEDERAL LEADERSHIP

Federal and State agencies and National organizations have a continuing responsibility for exerting leadership in upholding standards of child care. These agencies have the further responsibility of stimulating action by local communities and assisting them in their efforts to meet the increased demands for care and protection of children which have grown out of or have been augmented by the expansion of defense activities.³

Official agencies in a number of States have recognized the necessity for State assistance in planning community programs of day care for children in defense areas. In several States the department of public welfare or some other State department is studying the needs of defense communities and helping them to plan programs of day care. Such action is essential especially in States where there are a number of defense areas. In Connecticut and Utah, and perhaps also in some other States, leadership has been assumed by a social-welfare committee of the State Defense Council.

Whether the responsibility for State action is centered in one of the existing State agencies

³ From the recommendations adopted by the Children's Bureau Conference on Day Care of Children of Working Mothers, July 31-August 1, 1941.

or in an official organization created for this special purpose, it is desirable that the State planning group shall include representation from the State departments of welfare, health, education, and labor and from the State Defense Council. State-wide organizations which can make a contribution to the work of the State committee on day care should also be included, as well as representatives of councils of social agencies or other community-wide organizations in cities in which there is likely to be need for special provision for children of working mothers.

The State department or committee should inform itself concerning the need for provision of day care for children in defense areas throughout the State in order that it may be in a position to stimulate local action.

It should assist communities in their efforts to meet increased demands for care and protection of children, which have grown out of or been intensified by expansion of defense activities.

It should prepare material which may be of service to local communities, such as basic standards of care, and should interest itself in enactment of such statutory measures as may be required for the protection of children.

It should maintain a relationship to local developments which will insure the provision of proper facilities for day care and which will promote the essential defense activities of the State.

The State department or committee which assumes leadership in helping communities plan a coordinated day-care program must be alert to the dangers of unregulated day-care activities by individuals or groups which are not equipped to provide safe care for children. Day nurseries, nursery schools, and play centers are springing up overnight like mushrooms in many communities, sometimes activated by

purely commercial motives. The State departments of welfare, health, and education must be enabled to fulfill their responsibilities for safeguarding children who require day-care service. These three agencies of the State should act in harmony for the protection of children.

A program of day care for children cannot be developed as a separate program, but must be related to other services providing health protection, educational opportunities, recreation, and social service. Federal agencies carrying programs of cooperation with the States in extending and strengthening these basic services are planning together concerning the special problems of care and supervision of children whose mothers are employed in defense areas and methods of utilizing to the fullest extent the Federal and State resources available within the local communities. However, because no two communities have exactly the same problems, primary responsibility for initiating and directing programs in the emergency must remain with the local communities.

Programs designed to meet the emergency needs of this period should be planned with a long-range view. The services inaugurated as urgent defense measures should not stand in the way of the development of other forms of social provision which are essential to conservation of home life and the welfare of individual children. Day-care programs should be re-evaluated from time to time and revised in the light of new requirements. Needs are not likely to be static, and methods devised to deal with the needs must be subject to change. Some of the facilities which are urgently required now will be discontinued or turned to other uses when the emergency is over; others will be found permanently useful to the community. The day-care program should take into account future values as well as present needs.

Defense Pressure Focuses Attention on Child Problems¹

BY RUTH ALESHIRE

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The effects of the emergency defense program and its ramifications in social planning have been so adequately discussed it is not necessary to elaborate further in this brief article. We have accepted the fact that housing, recreation, health, education, and related problems have been more sharply focused in these areas. Sudden spurts of employment have changed some provincial rural localities into densely populated communities. The influx of laborers, prospectors, families of men in military service, and a loosely defined group of persons who "just came along for the ride"—families who have no actual plan for maintenance or continuing as a cohesive group—invariably involve complexities which result in exploitation and neglect of children. What child-welfare workers are concerned about is: "How does this vacillating community picture, which is in reality a panorama, affect the lives of children?"

Can we not proceed on the general premise that the basic needs of children remain the same regardless of the environmental changes—and go even further by saying that the department of public welfare exists fundamentally to meet these needs? If there is a multiplicity of and variation in these basic needs, is it not possible that the agency must enlarge its personnel and expand its functions? Surely the solution of child-welfare problems in defense areas will not be a procedural one. Merely to resort to the hackneyed "they don't belong here, so send them back" will engulf the agency in a whirlpool and perhaps in a slow and painful drowning over a period of several years.

¹ Reprinted from *Public Welfare News*, Vol. 4, No. 2 (November 1941), by permission of North Carolina State Board of Charities and Public Welfare, Raleigh, N. C.

The local department of public welfare as the parent agency will essentially be interested in other agencies—those which are coming into the community for the first time and those which are supplementing an already established function. The United Service Organization, the Red Cross, and local private agencies are already trying to define and redefine their functions as related to existing needs. Yet the department of public welfare must accept realistically the fact that orientation for them will be a more simplified process than for an entirely new agency coming into the community or for the established agency with a more strict limitation of function.

The increase in the number of abandoned children, unmarried mothers, delinquent adolescents, and children requiring temporary placement plans has not been unexpected. Often it is necessary to jolt people from their lethargy and optimistic enthusiasm about "more employment and better times" by pointing out that these situations are concomitant with boom towns, transiency, and unstable family life wherever it is found.

The department of public welfare, then, may see its responsibility as:

1. Assuming leadership in an evaluation of community resources in light of the present, and perhaps future, situation, and helping in every way possible to integrate these resources and mutual objectives. Actually the department of public welfare must be the standard-setting agency—it is accepted by the community; it has been established over a period of years; its structural framework is broad.

2. An acceptance of the democratic philosophy that all children are vitally important and the mechanism of the agency should not become top-heavy for any special group. The rural child who has been known to the agency for a period of years is just as important as the waif who has toured 14 different States

during the last year and is finally dramatically deserted in a trailer camp. It is the child's inalienable right to have case-work service of the highest quality when hazards over which he has no control deprive him of family care and protection.

3. Expanding and supplementing the agency resources now in use for children's work. For the agency accustomed to a boarding-home program as an integral part of its program and cognizant of its inherent values, the worker will not be too frustrated at the increased need for this special service. For the agency which has a well-defined relationship with the juvenile court and uses this relationship as a constructive tool in the problems of delinquent adoles-

cents, the worker need not be too distraught by the increase in cases of young girls who have come to a community only to find themselves without funds or friends—now ready for exploitation or for understanding and guidance.

Actually the structure of the department of public welfare must not be revamped for an emergency situation which proves colorful and challenging because of its very dynamics; rather it must reassure itself that each individual child is so important that his well-being must be cherished and safeguarded in the regular day-by-day job.

BOOK NOTES

PROTECTION OF CHILDREN IN GREAT BRITAIN IN WARTIME, by Martha M. Eliot, M. D. *American Journal of Public Health*, Vol. 31, No. 11 (November 1941), pp. 1128-1134.

Dr. Eliot, Associate Chief of the Children's Bureau, in this address given at a special session of the American Public Health Association in Atlantic City, N. J., October 17, 1941, describes measures taken in Great Britain for the protection of children in cities under bombing and for the evacuation of children to areas of comparative safety. Dr. Eliot was a member of the Mission of Civil Defense which visited England in February 1941.

Single copies of reprints of this article can be obtained from the Children's Bureau while the supply lasts.

GAMES THE WORLD AROUND, by Sarah Ethridge Hunt and Ethel Cain. A. S. Barnes & Co., New York, 1941. 268 pp. \$2.50.

Children the world over play, and whether a child lives in the slums of New York, the jungles of Borneo, or on the fjords of Norway he will be found playing games that have amazing similarity. A child, regardless of his race, creed, or color, likes to run, chase, hide, and compete in games of skill and chance. Each land makes use of the things at hand but the fundamental pattern of play is universal.

Sharing of enjoyment is an experience which leads to friendship and understanding and oneness with the other group. It helps develop a tolerance toward differences discovered later.

Games the World Around puts into the hands of recreation leaders a means by which children could be given a feeling of familiarity with the children of other

lands. It is a compilation of games from 35 countries. It is arranged by the country of origin of the game, but indexes make possible the easy selecting of games according to the age level to which the game appeals, the type of activity, whether active or quiet, and the kind of place available for play.

The games can be played just as games, or they can be played as dramatized experiences of the foreign children. The book contains, by means of both words and pictures, many suggestions of simple equipment and costumes which would do much to create the atmosphere of the country in which the game had its origin, a coconut, for example, instead of a ball, or a Turkish fez, or a Hawaiian grass skirt.

The book's value is in the help it gives to find a means of developing in our children a tolerance and understanding for other peoples.

IT'S FUN TO MAKE THINGS, by Martha Parkhill and Dorothy Spaeth. A. S. Barnes & Co., New York, 1941. 176 pp. \$2.

The things made at the Crater Club Day Camp were fun to make. The owners of the camp, Martha Parkhill and Dorothy Spaeth, have written down the instructions for making these things. The instructions are explicit and brief. There are working drawings for many articles and pictures of many of the finished products. Most of the things are made out of very inexpensive materials, and in many cases out of things ordinarily discarded. When purchased materials are needed the authors have included information as to just what to buy, where to buy it, and how much it should cost.

The articles described are painted articles, metal objects, wooden things, sewed things, pottery, leather articles, things made from raffia, and some others.

• **BIRTH** •

• **GROWTH** •

• **CHILD HEALTH** •

The Virginia Program for Children With Rheumatic Fever

BY LOUISE F. GALVIN, M. D.

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The Virginia State program for children with rheumatic fever and heart disease, put into operation May 1, 1940, has been developed and administered in accordance with the general policies outlined by the Children's Bureau Advisory Committee on Services for Crippled Children. From the beginning it was decided to develop services for only a small area of the State so that even with a limited budget the service extended to the individual child might be complete.

The program is administered under the Crippled Children's Bureau of the State Department of Health. The full-time services of a pediatrician who is the director, a public-health-nursing consultant, a medical-social consultant, a clerk, and the part-time consultant services of a cardiologist are paid for by the Crippled Children's Bureau; the part-time services of a technician are paid for by the Medical College of Virginia.

All children under 21 years of age are eligible for clinic examination and follow-up, and all children under 16 years of age who are in need of the services are also eligible for hospital and convalescent-home care. A patient accepted before his sixteenth birthday remains eligible for care until he reaches the age of 21 years. Because of limited budget, preference is given to cases of rheumatic fever and heart disease with a fair prognosis of reasonable rehabilitation. For the first year of our program,

patients were accepted from the City of Richmond and the surrounding Henrico County. Beginning July 1, 1941, increased appropriations were made, and two additional counties were included in the program.

The program started with a long list of cases of rheumatic fever or heart disease gleaned from the files of the Medical College of Virginia Out-Patient Department and Hospital Division. Private physicians as well as school, city, and clinic physicians and all the local nursing and social agencies were informed concerning the program and asked to refer cases. All children, except in emergency, are seen by appointment only. If a private physician refers a child for service, he specifies whether he wishes his patient to receive diagnostic service only or complete care. Through this procedure possible misunderstandings on the part of the physician, the patient's family, and the clinic staff are avoided. Following examination in the clinic, a prompt and detailed report is sent to the referring physician.

Clinics are held twice a week in the Out-Patient Department of the Medical College of Virginia. Eight patients are seen at each clinic session, some of them new patients, some of them old. The pediatrician conducts the clinic and examines every patient. In a clinic of this size it is possible to examine each child thoroughly and to utilize special diagnostic procedures as indicated—fluoroscopic or electrocardiographic

examinations, X-rays, clinical laboratory examinations, and special clinical consultations. Arrangements were made for these services, with the exception of X-rays and electrocardiograms, in return for a flat clinic fee paid by the Crippled Children's Bureau to the Medical College of Virginia. Special cases and certain new cases are seen by the consulting cardiologist, upon request of the pediatrician, in the clinic, hospital, convalescent homes, and the patients' own homes. The resident in pediatrics in the Medical College of Virginia also works in the clinic under the immediate supervision of the pediatrician.

Since the meticulous "workup," which has just been described, necessarily means that each patient must stay for a fairly long time, effort has been made with considerable success to see that the patient does not become tired, nervous, or bored. Immediately after registration the patient is taken to an individual examining room where he is undressed. Then the clinic nurse determines the height, weight, rectal temperature, blood pressure, and vital capacity. The technician collects blood for sedimentation and other tests, taking care to explain to each child just what she is going to do. In this way apprehension is lessened and confidence is established on the part of the child. The child then either naps or reads until the examiner enters his room.

The public-health-nursing consultant and the medical-social consultant are present at the clinic. The public-health-nursing consultant uses the opportunities afforded by the clinic to familiarize herself with the health problems of the patients and their families and to help them deal with these problems. Since she is present at the medical examination of the children and thus has direct knowledge of the medical problems and the instructions given to the children and their relatives, she is able to interpret the instructions to the families and also to the local public-health nurses who give nursing care and health instruction in the homes. Attendance at the clinic enables the medical-social consultant to help the families with social problems related to the medical condition and to participate in plans for the

child whenever social situations affect the medical plan.

Before a child meets his appointment at the clinic, the medical-social worker has gathered together, either from reports provided by social agencies interested in the family or from data secured personally by visiting the child's home, information concerning the patient's family and environment, including any indications of the family's resourcefulness and probable adaptability in providing for both the physical and emotional needs of a sick child. This information is made available to the pediatrician when the child comes to the clinic. The medical-social consultant, in turn, learns at the clinic about the specific medical problem and is thus able to relate the medical and social factors affecting the child's care in order to help the social agencies in the community understand the social implications of the medical condition, and to work with other members of the professional staff and with the social agencies in making an effective plan for the child's care.

Acutely ill patients are hospitalized in the pediatric ward of the Medical College of Virginia Hospital Division, where they remain under the care of the pediatrician on the State rheumatic-fever program.

After the more acute symptoms have subsided and care in the general hospital is no longer necessary or desirable, the children usually require a long period of bed rest, and during this period they still need medical, nursing, and medical-social supervision. The pediatrician, medical-social consultant, and public-health-nursing consultant decide, on the basis of their knowledge of the home situation, whether the needs of the child can be satisfactorily met at home or whether convalescent care in an institution is preferable.

If the home is, or can be made, adequate for the purpose, the child is transferred to his home. There, he is visited as often as necessary by the pediatrician.

The public-health-nursing consultant makes arrangements for his nursing care by local public-health nurses and gives consultation service concerning this care. Within the city limits

the nurses of the Instructive Visiting Nurses' Association furnish bedside care and nursing supervision, visiting the home two or three times weekly. In the surrounding counties the county public-health nurses visit the homes as often as possible and give nursing supervision. In either case the nurses are sent information concerning the patient by the public-health-nursing consultant on the State staff. In turn, detailed reports are sent back to her on mimeographed forms which she has worked out in cooperation with the other members of the professional staff.

It is the responsibility of the medical-social consultant to supervise the child's care from the social point of view and to give assistance needed to adjust social and environmental difficulties, either directly or by consultation with social agencies in the community. All social agencies carrying responsibility for any services to these children or their families are kept currently informed of the child's progress and of any changes in the medical recommendations that have implications for the child's care and adjustment in his own home. Reports of developments in the home situation received from the social agencies, may, in turn, contain significant social data having a direct bearing on the medical plans.

Through the Richmond public-school system plans have been completed recently for securing a home teacher for children under care who live within the city limits.

If the home cannot be made suitable for convalescent care, as is often the case, this care is provided in one of two convalescent units. Prior to the initiation of this program, no such unit was available. Arrangements were made immediately with the Crippled Children's Hospital to provide beds for eight white children. For some months these children were cared for in the orthopedic wards. It was found, however, that this was an unsatisfactory arrangement. Children convalescing from rheumatic fever are likely either to be stimulated to hyperactivity or to be depressed or antagonized when placed in the midst of a boisterous ward. The very activities encouraged in many orthopedic cases (manipulation of hand carts and occupational therapy requiring strength and resist-

ance) are not desirable in the early convalescent stage of rheumatic fever. Also there are inevitably more opportunities for exposure to infections of the upper respiratory tract.

Therefore, arrangements were made for the exclusive use of a unit of four small rooms and bath where the patients might live but from which their beds or chairs might be rolled to the schoolroom and occupational-therapy shop. This is proving to be a good arrangement. It allows for a wider range in the selection of cases, since by wise grouping of patients we can limit activities markedly or increase them to any degree. Work is now being done in cooperation with the occupational-therapy department on a program of graded activity for these children.

Since no convalescent facilities were available for Negro children in Richmond, arrangements were made with a small private hospital for Negroes to care for eight convalescing children in two large, sunny rooms with bath. This was a new project for the nursing staff of this institution and has required a great deal of supervision. It was discovered that in a general hospital such as this, staffed by graduate nurses whose experience with rheumatic fever is extremely limited, conscientious and understanding care of this special group is best obtained by having two nurses on alternate duty rather than by allowing routine rotation of duty by all the nurses. Nurses on general floor duty who are not well informed in regard to rheumatic fever are likely to interpret orders for rest and exercise rather loosely. Moreover, they usually cannot take the time for the health instruction and supervision essential for good care. It was also noted that it is seldom a good arrangement to place three children in one room. Either a smaller group or a larger one is more satisfactory. Very often, in a group of three, the youngest or "slowest" is "picked on" by the other two. In a small, partly isolated group it is extremely difficult to care for children in varying stages of the disease. Since they live so closely together it is easy for the "too well" child to depress or overstimulate the others and for the "too sick" child to feel unhappy and dissatisfied. This situation is

largely avoided in a large ward or in a ward with many small units allowing for wise grouping of patients.

The employment of a young, inexperienced occupational therapist and teacher, even though she was a very intelligent woman, proved unsatisfactory. The teacher must be sufficiently mature and experienced both to get the children's cooperation and to instruct them. This avoids needless conflicts and emotional strain. A great change has been noted in the physical condition and mental attitude of this group of patients since such a person has been obtained through the Department of Education of the Work Projects Administration.

Visiting by parents and older family members is encouraged in both convalescent units. Younger brothers and sisters, when free from respiratory infections and sore throats, are also allowed to visit on the lawns. It is felt that in dealing with children with a long-continued illness every reasonable effort must be made to strengthen the home tie, even at the expense of a few risks, rather than to allow it to weaken.

The technician visits the convalescent units for routine laboratory work. It is planned to purchase a portable cardiometer so that the pediatrician may obtain electrocardiograms in these units and in the children's own homes as well.

The child is discharged from the convalescent unit only when the rheumatic infection has become entirely inactive, except when a different plan of care is decided upon for medical or social reasons. Before he is sent home, his home situation is carefully studied and help is given by the medical-social consultant and the public-health-nursing consultant, either directly or through local social and public-health-nursing agencies, in making necessary adjustments in the home to improve social and health conditions.

After the child returns home, he is watched carefully for any recurrence of rheumatic infection. The child reports to the clinic every 1 to 3 months for medical examination. The public-health-nursing consultant arranges to have a public-health-nursing visit made to the home about once a month for health supervision and education. This is usually done by

the city department of health nurse. The medical-social consultant continues to be on the alert for social situations which might hinder the child's proper care. Information regarding the school child is sent promptly to the school principal and school nurse to protect him not only from undue exposure to colds and unwise activities but also from oversolicitude.

Since a child being cared for under this program may have a medical record in as many as three centers (hospital, convalescent unit, and clinic) it is considered advisable to keep a complete chart in the clinic files. This chart is composed of forms based on those suggested by the Children's Bureau and is kept in strict chronological order. It includes a record of clinic examinations, medical-social worker's and nurse's notes, home-visit reports, and abstracts of hospital or convalescent-home admissions. Provision is also made for a semiannual summary of the case. All correspondence pertaining to the patient is kept in the back of this folder.

The staff holds conferences twice a week to discuss medical, nursing, and social aspects of care of individual children presenting special problems and of every child scheduled to attend the clinic during the current week. By means of these conferences all the facts about the child known to the staff are pooled and a coordinated plan is made for the care of the child.

To further the interest in and information about the rheumatic-fever program, all members of the staff are available at all times for talks before interested professional, student, and citizen groups and for consultation with local agencies. Considerable emphasis has been placed on the education of medical students and nurses concerning the problems of rheumatic fever and heart disease in children, so that they might be better prepared to handle the problems when they meet them in medical and nursing practice. So that instruction of medical students need not take up time necessary for the thorough examination of patients and the interviewing of their parents, a separate time is set aside for such instruction; the

cardiologist or pediatrician selects a patient from the clinic and spends an hour in discussing the case with a group of four medical students. Care is taken not to discuss, in front of the child or his relatives, anything which might disturb them. Undergraduate nurses from the Medical College of Virginia and post-graduate public-health nurses from the Richmond Professional Institute attend the clinic singly for a month at a time. Here they are instructed by the public-health-nursing consultant on the State program in the clinic set-up and in the nursing care of children with rheumatic fever. They also attend the discussion periods with the medical students. It is not

considered wise to accept a student nurse for one or two sessions of instruction only.

Also, in anticipation of being able steadily to extend the program throughout the State, members of the staff take every opportunity to inform county health officers, public-health nurses, physicians, welfare workers, and teachers about the program and to encourage them to report all known cases of rheumatic fever and heart disease to the Crippled Children's Bureau. In some measure these reports may prove an indicator of the area most in need of service and most ready for it, and they will also furnish a working nucleus of cases when the program is extended.

Children and the National Nutrition Program

BY MARJORIE M. HESELTINE

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The National Nutrition Conference for Defense brought together workers from many fields to consider nutrition in its broadest aspects as a national problem of this country and the other democracies. With the exception of the subdivision of Section III, which concentrated on the nutrition of pregnant and lactating women and of children, the problems of children were not dealt with separately. Yet there was no evidence at the time of the conference, nor has there been subsequently, that children were given inadequate attention. On the contrary, there seemed to be unanimous recognition that what was said in general of the importance of nutrition to individual well-being applied with even greater force to children, and that the greatest promise of improving the nutritional status of children lies through measures directed toward the betterment of the condition of family groups, to which most children belong.

The proceedings of the National Nutrition Conference are in press at the time this article is being written. Child health and welfare workers will wish to read the proceedings for

themselves. They may well be forewarned, however, that it is not enough to read a single address or the recommendations of one or two sections. Concern for the nutritional well-being of children permeates most of the deliberations. It seems fitting that the conference speaker to give most consideration to the nutritional problems of children should have been the Secretary of Labor, the member of the Cabinet who is responsible for the administration of the Children's Bureau.

Familiarity with the reports and the recommendations of the National Nutrition Conference is the first essential to understanding and evaluating the ferment of nutrition activity in almost every section of the country. For the National Nutrition Conference was of course only the opening shot in a Nation-wide campaign. Delegates came to the conference from every State and went back home to translate the recommendations into action. Representatives of great national organizations took the word back to the annual meetings of their respective professional groups. From first-hand observations in several States and from reports

from most of the others, it is possible to select instances of current activities directed toward the improvement of the nutritional status of children. It seems simplest to classify specific activities under the headings of some of the recommendations of the conference to the President.

1. *The use of the dietary allowances recommended by the National Research Council.* Leaders in the field of human nutrition have formulated a statement of dietary requirements for healthy individuals of different ages and varying degrees of activity. For the first time, then, maternal and child-health workers have a common yardstick against which to measure both the adequacy of their dietary recommendations and the actual food-consumption practices of the individuals and family groups which they reach. There is ample evidence that this yardstick is being applied generally. The dietary recommendations in the publications of the Children's Bureau are being checked against the yardstick and necessary modifications are being made in those publications now under revision. Letters and other reports received by the Bureau indicate that State health agencies and medical societies are doing likewise. That pediatric groups have been especially active along these lines is quite in character with Dr. Wilder's comment at the conference that they were first among physicians to crystallize their interest in the health problems caused or exaggerated by malnutrition. In the course of recent meetings at the Children's Bureau of the Advisory Committee on the Health Services, it was reported that obstetricians too had been checking dietary recommendations and the food intake of their patients against the new yardstick.

2. *"Translation of these allowances . . . into terms of everyday foods . . ."* All over the country groups of professional workers are following the suggestion of the nutrition conference that the recommended dietary allowances be expressed in "terms of everyday foods and appetizing meals suitable for families and individuals at different economic levels." Leadership in this activity is generally assumed by the State nutrition committee, the coordinating

agency that is at work in every State and that is represented on many State defense councils. Nutritive needs are human needs that do not vary with race, color, or length of residence. However, these needs may be met by widely different combinations of foods. In the deep South, for example, both Negroes and white persons in the lower income groups tend to get a large part of their vitamin A from dark green leaves, which they eat in larger quantities and over a longer season than families in similar circumstances in other sections of the country. Consequently, the daily diet patterns suggested by nutrition committees in the Southern States take into consideration and build upon this commendable liking for "greens and pot likker."

Once weekly food lists for families of varying size and composition have been set up, welfare agencies have an invaluable tool for measuring allowances for food in family budgets. Since the publication of the allowances, many public and private welfare agencies have revised the food lists on which their budgets are based so as to conform to the new yardstick. These new food lists are then priced and the cost of an adequate diet for a given family is used as the standard to be met insofar as the resources of the agency permit. Workers who are struggling with revision of food budgets are making good use of the food lists that appeared in *Consumers' Guide* for October 15, 1941.¹

3. *"Vigorous and continued research"* into human nutritional needs and how they may be met unquestionably has been stimulated by the national nutrition program. A somewhat novel and encouraging feature of recent projects related to the nutritional problems of mothers and children is that they draw upon resources of various groups concerned with nutrition—physicians, biochemists, dentists, nurses, and nutritionists as well as laboratory technicians and statisticians. It was at the National Nutrition Conference that many heard for the first time of the recent Canadian studies on the relation of diet during pregnancy to the health of both mother and child. Widespread interest has been aroused in carrying on a comparable

¹ For sale at 5 cents a copy by the Superintendent of Documents, Government Printing Office, Washington, D. C.

study in this country to confirm or challenge the Canadian findings.

Both physicians and nutritionists are working on the problem of low-cost foods for young children whose parents cannot possibly supply them with the conventional adequate diet. One pediatrician who observed how well children in a certain national group seem to thrive on a low-cost food that is not generally considered suitable for any but mature digestive tracts has been making some studies of the availability to young children of some of the minerals in this food. Before doubting Thomases make predictions as to the outcome of such a study they well may recollect how similar studies have changed the status of the banana from a *proscribed* to a *prescribed* food for infants.

4. "*More widespread education of . . . professional workers in the newer knowledge of nutrition*" is a major activity of many State nutrition committees and of the respective professional organizations represented on these committees. With the encouragement of the American Medical Association, State and county medical societies are featuring lectures on nutrition at their regular meetings and articles on nutrition in their journals. At the 1941 annual meeting of the American Public Health Association no less than six sessions were devoted wholly or primarily to human nutrition as a public-health problem. All the program sessions of the Maternal and Child Health Section were devoted to nutrition and all were held jointly with the Food and Nutrition Section. Other groups which participated in one or more of these joint sessions were the Health Officers Section, the Health Education Section, the Public Health Nursing Section, the American School Health Association, and the Oral Health Group.

Contrary to a prevalent impression, trained workers with a good foundation of nutrition and related sciences do not have to unlearn all their nutritional knowledge every 5 years or so. As Professor H. C. Sherman has reminded us, the newer knowledge of nutrition supplements but does not supplant the old. To keep abreast with this newer knowledge, professionally trained workers are enrolling in refresher

courses, which are sponsored by educational institutions, professional organizations, and State and local nutrition committees. A large group of enrollees in refresher courses is made up of professionally trained homemakers who wish to equip themselves to do their share in the defense effort. Many of them are getting ready to serve as instructors in the standard nutrition course offered by Red Cross chapters. This nutrition course, designed primarily for homemakers, gives due consideration to the nutritive needs of the children in the family. It seems reasonable to suppose that the "refreshed" teachers of these courses will apply their knowledge in their own homes as well as in the classroom.

5. "*Mobilization of every educational method and of all organizations and services to spread the newer knowledge of nutrition among laymen.*" Most people know instances of wider use of the radio, the press, and innumerable channels—commercial and otherwise—to spread the knowledge of nutrition. Among the most active groups represented at the nutrition conferences in a southern State were the ministers of Negro churches. Organized labor groups and their auxiliaries have sought and received suggestions from nutritionists on an educational program for their members. Individual food industries and associations of the food trades have joined forces for a campaign of public education.

Readers of *The Child* are likely to ask what they can do to make sure that children derive the greatest possible benefit from these manifold activities. They realize that all measures that are effective in raising the nutritional level of the people as a whole will contribute more to children than to adults because children respond more quickly to a change in their nutritional environment, whether for better or for worse. In general, therefore, they are well content that the national nutrition program should be all-inclusive in its scope. They do not minimize the importance of measures directed at the betterment of a part of the population, such as noon meals at school and factory meals for industrial workers. Such projects, realizing as they do the full potentialities for

nutritional betterment through a natural situation, are desirable in themselves. Moreover, experience in Great Britain during the war has shown how readily school-lunch programs have served as the nucleus for emergency feeding of whole families. It is important, however, to keep in mind that, in normal times, the furnishing of one adequate meal to the school child or industrial worker alleviates but does not solve even the individual's own food problem, much less that of the family of which he is a part.

Emphasis on the needs of the family should not of course preclude due consideration of the nutritional needs of children who are not cared for in their own families. There was never a time when so much help, along nutritional

lines, was readily available to those responsible for care of children outside their own homes. It is largely up to professional child-welfare workers and to board members to see that heads of child-caring institutions and foster mothers take full advantage of these greatly augmented community resources for technical consultation and instruction.

It would be foolhardy to predict how the entrance of the United States into the war will modify the nutrition program outlined by the conference. It can be said, however, that the possibility of war was never lost sight of during the sessions. In our sister democracy of Great Britain nutrition work has been greatly intensified as a part both of the war effort and of the plans for the post-war period.

BOOK NOTES

HANDBOOK OF COMMUNICABLE DISEASES, by Franklin H. Top. C. V. Mosby Co., St. Louis, 1941. 682 pp. \$7.50.

Those whose professional duties necessitate contact with communicable disease need a reference text in which medical, nursing, and public-health aspects of the various diseases are discussed. Dr. Top, director of the Division of Communicable Diseases and Epidemiology of the Herman Kiefer Hospital and Detroit Department of Health, has drawn upon the services of five doctors and two nurses, all in Detroit, to assist him in completing such a book. The first section consists of several chapters on the theoretical aspects of infectious disease. The second section is devoted to description of each of the common communicable diseases. Under each disease are discussed not only the medical aspects of diagnosis, treatment, prevention, but also the essentials of nursing care. Special points concerned with the epidemiology of each disease are brought out.

HIDDEN HUNGERS IN A LAND OF PLENTY. National Maternal and Child Health Council, 1710 Eye St. NW., Washington, 1941. 25 cents.

The National Maternal and Child Health Council has prepared in kit form a handbook of nutrition projects that may be undertaken by community groups who wish to take part in the national nutrition program. The American Association of University Women has cooperated in the enterprise; the American Red Cross

and the American Dietetic Association have given special assistance in matters pertaining to nutrition. Each of the eight sections in the handbook is built around a theme taken from the reports of the National Nutrition Conference for Defense. Each suggests specific projects that may be undertaken by a community and outlines readily available sources of information on the topics touched on in the section.

FOOD AND NUTRITION. Fourth edition. American National Red Cross, Washington, 1941. 87 pp. 25 cents.

This is the textbook used in the standard nutrition course of 20 lessons that is being offered by many local Red Cross chapters with the twofold purpose of equipping citizens to participate more effectively as consumers in the national nutrition program and of providing them with the necessary background for enrolling in the Red Cross canteen course. Both courses are taught by instructors authorized by the American Red Cross, and completion of each will be recognized by the award of a certificate.

THE ARMY'S TOOTHACHE; AN OLD STORY, by Paul E. Morgan. National Dental Hygiene Association, Washington, D. C.

On the thesis that the dental-health problem revealed through the examination of young men under the selective-service system has its basis in the dental health problems of children, the author presents a summary of the surveys made in Hagerstown, Md., from 1937 to 1941 by the United States Public Health Service.

• **CHILD LABOR** •
• **YOUTH EMPLOYMENT** •
• **VOCATIONAL OPPORTUNITIES** •

The I. L. O. Looks Forward

International cooperation looking toward better working conditions, higher living standards, and the protection of civil liberties was the keynote of the International Labor Conference that met in New York, October 27–November 6, 1941. This was the first International Labor Conference since the one held in Geneva in June 1939. So vital was considered this continuing thread of the movement for world organization represented by the League of Nations, that 35 of the 50 member countries participated, 33 through delegations and 2 through observers. As in previous sessions of the International Labor Conference, a full delegation comprised 2 Government delegates, 1 employers' delegate, 1 workers' delegate, and technical advisers. Twelve ministers of cabinet rank were among the Government delegates. The Secretary of Labor of the United States, Frances Perkins, was elected president of the Conference.

Much of the discussion related to the importance of and necessity for adequate post-

war planning on an international level. A resolution on post-war reconstruction put forward by Carter Goodrich, president of the governing body of the International Labor Organization, was adopted by the Conference. This resolution emphasized the need for advance planning and named essential points for international action in connection with reconstruction, including the feeding of people in need; reconstruction of devastated areas; supply and transportation of raw materials and capital equipment; restoration of economic activity; reopening of trade channels; settlement of dislocated workers and their families under conditions of freedom and security; change-over of industry from wartime to peacetime production; maintenance of employment; and general improvement in labor standards. It also called upon all member States to "set up representative agencies for the study of the social and economic needs of the post-war world."

BOOK NOTES

COTTON PLANTATION LABORERS; A SOCIO-ECONOMIC STUDY OF LABORERS ON COTTON PLANTATIONS IN CONCORDIA PARISH, LA., by S. Earl Grigsby and Harold Hoff-sommer. *Louisiana Bulletin*, No. 328 (February 1941), Louisiana State University and Agricultural and Mechanical College, Agricultural Experiment Stations. 40 pp.

This report analyzes the social and economic conditions of farm laborers in Concordia Parish, La., a typical cotton-growing section in the delta area of the Mississippi River. The report is based on information obtained from 27 plantation operators and 254 farm laborers who were interviewed in September 1936.

Of the farm laborers interviewed, 244 were Negroes, and these comprised more than one-half of the total Negro agricultural workers in the parish. Most of the data in the report relate to these Negro workers and their dependents.

There were 121 children under 15 years of age in the Negro households represented in the study. More than one-half of the children 10 to 14 years of age, inclusive, were found to be working, and also some children under 10 years of age.

The total average cash income of the Negro males in the study, taking into account relief payments and the earnings of dependents, was only \$178 for the year.

• EVENTS OF CURRENT INTEREST •

CONFERENCE CALENDAR

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| <p>Jan. 27-30 American Association of Schools of Social Work. Pittsburgh.</p> <p>Jan. 30-31 National Public Housing Conference. Pittsburgh.</p> <p>Feb. 4 Sixth National Social Hygiene Day. Information and materials from American Social Hygiene Association, 1790 Broadway, New York.</p> <p>Feb. 4-7 American Camping Association. Thirty-second anniversary convention, Minneapolis.</p> <p>Feb. 8-15 Negro History Week. Information and materials from Association for the Study of Negro Life and History, 1538 Ninth St. NW., Washington, D. C.</p> <p>Feb. 17-20 Council of Guidance and Personnel Associations. San Francisco.</p> <p>Feb. 18-20 National Vocational Guidance Association. San Francisco. Information: N. V. G. A., 425 West One Hundred and Twenty-third Street, New York.</p> <p>Feb. 19-21 American Orthopsychiatric Association. Nineteenth annual meeting, Detroit. Chairman of Publicity Committee: Helen P. Langner, M. D., Vassar College, Poughkeepsie, N. Y.</p> <p>Feb. 21-26 American Association of School Administrators. San Francisco.</p> <p>Apr. 6-10 Second American Congress on Obstetrics and Gynecology. St. Louis, Mo. General Chairman: Fred L. Adair, American Committee on Maternal Welfare, Chicago.</p> | <p>Apr. 6-10 Association for Childhood Education. Golden jubilee, Buffalo, N. Y. Information from Association for Childhood Education, 1201 Sixteenth St. NW., Washington, D. C.</p> <p>Apr. 7-9 Eighth annual conference on the Conservation of Marriage and Family Life, at the University of North Carolina and Duke University. Information: Professor Ernest R. Groves, University of North Carolina, Chapel Hill, N. C.</p> <p>Apr. 10-11 American Academy of Political and Social Science. Philadelphia.</p> <p>Apr. 27-May 1 National League of Women Voters. Biennial conference, Chicago.</p> <p>Apr. 30-May 1-2 American Pediatric Society. Skytop, Pa.</p> <p>May 2-9 Eighth Pan American Child Congress. Washington, D. C.</p> <p>May 4-9 National Congress of Parents and Teachers. San Antonio.</p> <p>May 5-8 International Association of Public Employment Services. Louisville.</p> <p>May 6-8 National Council of State and Local Welfare Administrators. New Orleans.</p> <p>May 6-9 National Tuberculosis Association. Philadelphia.</p> <p>May 10-16 National Conference of Social Work. New Orleans.</p> <p>May 10-16 National Probation Association. New Orleans.</p> <p>May 18-23 Biennial Conference of Nursing Organizations, Chicago. (National Organization for Public Health Nursing, American Nurses' Association, and League for Nursing Education.)</p> |
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UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF



THE CHILD is published monthly by the Children's Bureau, United States Department of Labor. Its publication was approved by the Director, Bureau of the Budget, May 12, 1936, to meet the need for an exchange of information between the Children's Bureau and the various agencies actively engaged in furthering the interests of children. It contains articles, brief reports, news items, and reviews of new publications relating to current developments in the fields of child health, child welfare, juvenile delinquency, and the employment of minors in the United States and in other countries.

Social Statistics, issued four times a year as a supplement, contains summaries of current social statistics relating to child welfare, prepared by the Bureau's Division of Statistical Research, and is sent to everyone who receives THE CHILD.

THE CHILD is sent free on request to a restricted list of officials and agencies actively engaged in work for or with children. Requests to be placed on the free mailing list should be addressed to Miriam Keeler, editor, THE CHILD, Children's Bureau, United States Department of Labor, Washington, D. C.

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